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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for processing)

2. Applicant claims small entity status.
See 37 CFR 1.27.

3. Specification [Total Pages 8]
(preferred arrangement set forth below)

- Descriptive title of the invention
- Cross Reference to Related Applications
- Statement Regarding Fed Sponsored R & D
- Reference to sequence listing, a table, or computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4. Drawing(s) (35 U.S.C. 113) [Total Sheets 1]

5. Oath or Declaration [Total Pages 3]
 a. Newly executed (original or copy)
 b. Copy from a prior application (37 CFR 1.63 (d))
 (for continuation/divisional with Box 18 completed)

DELETION OF INVENTOR(S)
 Signed statement indicating deleting inventor(s)
 named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

6. Application Data Sheet. See 37 CFR 1.76

18. If a CONTINUATING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP)of prior application No. 11/1522

Group Art Unit _____

Prior application information:

Examiner _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	(Enter Customer No. or Attach Bar (2-1) Label here.)			<input checked="" type="checkbox"/> Correspondence address below
Name	Michael A. Slavin, Esq.			
Address	McHale & Slavin, P.A.			
City	Palm Beach Gardens	State	FL	Zip Code 33410
Country	USA	Telephone	561-625-6575	Fax 561-625-6572
Name (Print/Type)	Michael A. Slavin	Registration No. (Attorney/Agent)	34,016	
Signature				Date 6/30/03

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.



07/01/03



PTO/SB/17 (10-01)

Approved for use through 10/31/2002 OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 375.00)

Compt. te if Known

Application Number	
Filing Date	(Filed Herewith)
First Named Inventor	Banning et al
Examiner Name	
Group Art Unit	
Attorney Docket No.	1859.002

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:
 Deposit Account Number []
 Deposit Account Name []
 Charge Any Additional Fee Required
 Under 37 CFR 1.16 and 1.17
 Applicant claims small entity status.
 See 37 CFR 1.27

2. Payment Enclosed: NO FEE SUBMITTED
 Check Credit card Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description
101 740	201 370	Utility filing fee		375.00
106 330	206 165	Design filing fee		
107 510	207 255	Plant filing fee		
108 740	208 370	Reissue filing fee		
114 160	214 80	Provisional filing fee		
SUBTOTAL (1) (\$ 375.00)				

Fee Paid

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
7	-20** = 0	X	=
Independent Claims 3	-3** = 0	X	=
Multiple Dependent			

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20		
102 64	202 42	Independent claims in excess of 3		
104 260	204 140	Multiple dependent claim, if not paid		
109 84	209 42	** Reissue independent claims over original patent		
110 18	210 9	** Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2) (\$)				

*or number previously paid, if greater. For Reissues, see above.

*Reduced by Basic Filing Fee Paid **SUBTOTAL (3) (\$)**

SUBMITTED BY

Name (Print/Type) Michael A. Shavin

Signature

Complete (if applicable)

Registration No. 34,016 Telephone 561-625-6575

Date 6/30/03

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